



# 2015-2016 Live Intranasal INFLUENZA Vaccine VACCINE ADMINISTRATION RECORD (VAR)

Name: First: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Last: \_\_\_\_\_ Suffix: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex (Circle one): Male or Female

Method of Payment: \_\_\_\_ Cash/Check/Credit/Debit Card

\_\_\_\_ Insurance: Name of Company: \_\_\_\_\_ ID# \_\_\_\_\_

Group# \_\_\_\_\_

## **Precautions And Contraindications:**

1. Are you sick today? 1. Yes \_\_\_\_\_ No \_\_\_\_\_

2. Do you have an allergy to eggs, gentamicin, gelatin, arginine, or any component of a vaccine? 2. Yes \_\_\_\_\_ No \_\_\_\_\_

3. Have you ever had a serious reaction to intranasal influenza vaccine (FluMist®) or a flu shot in the past? 3. Yes \_\_\_\_\_ No \_\_\_\_\_

**4. Are you between the ages of 2 years old and 49 years old? (RPh: less than 11 years old requires Rx, not approved for 50 and above)**

4. Yes \_\_\_\_\_ No \_\_\_\_\_

5. Do you have a long-term health problem, such as heart disease, lung disease, asthma, kidney disease, liver disease, metabolic disease (e.g., diabetes), anemia, or other blood disorders? 5. Yes \_\_\_\_\_ No \_\_\_\_\_

6. Do you have a weakened immune system because of HIV/AIDS or another disease that affects the immune system, long-term treatment with drugs such as steroids, or cancer treatment with x-rays or drugs? 6. Yes \_\_\_\_\_ No \_\_\_\_\_

7. Do you have a muscle or nerve disorder, such as a seizure disorder or cerebral palsy? 7. Yes \_\_\_\_\_ No \_\_\_\_\_

8. Are you taking aspirin or aspirin-containing therapy? 8. Yes \_\_\_\_\_ No \_\_\_\_\_

9. Are you pregnant or could you become pregnant within the next month? 9. Yes \_\_\_\_\_ No \_\_\_\_\_

10. Have you ever had Guillain-Barré syndrome? 10. Yes \_\_\_\_\_ No \_\_\_\_\_

11. Do you live with or expect to have close contact with a person whose immune system is severely compromised and who must be in a protective environment? 11. Yes \_\_\_\_\_ No \_\_\_\_\_

12. Have you received any other vaccinations in the past 4 weeks? 12. Yes \_\_\_\_\_ No \_\_\_\_\_

**Consent for Service:** I certify that I am at least 18 years old and hereby give my consent to the staff of Kroger Pharmacy to administer the vaccine(s) indicated below. I have read the Vaccine Information Sheet(s) (VIS) for my vaccine and understand the benefits and risks of the vaccine and choose to assume that risk. As with all medical treatment, there is no guarantee that I will not experience an adverse side effect from the vaccine(s). I understand that the information contained on this form may be shared with the State Health Department (SHD) and state immunization registries, and will remain confidential and will not be released without my consent. I fully release and discharge the standing orders physician, and Kroger Limited Partnership I, dba Kroger Pharmacy, its affiliates and their officers, directors, and employees from any liability for illness, injury, loss, or damage which may result there from. I acknowledge that I have received a copy of the Kroger Company privacy policies, in accordance with HIPAA.

- I agree to wait near the vaccination area for approximately 20 minutes to receive treatment in case of adverse reaction.

**Signature of patient** \_\_\_\_\_

\*\*\*\*\*For Pharmacy Use Only\*\*\*\*\*

Live, Intranasal Influenza Vaccine 0.2 ml \_\_\_\_\_ VIS Date 08/07/15

FluMist® MedImmune Lot Number \_\_\_\_\_ Exp Date \_\_\_\_\_

Immunizer: \_\_\_\_\_ PharmD / RPh Date: \_\_\_\_\_

## **Information Screening Questions for Intranasal Influenza Vaccination**

### **1. Are you sick today?**

There is no evidence that acute illness reduces vaccine efficacy or increases vaccine adverse events. Persons with an acute febrile illness usually should not be vaccinated until their symptoms have improved. Minor illnesses with or without fever do not contraindicate use of influenza vaccine. Do not withhold vaccination if a person is taking antibiotics.

### **2. Do you have an allergy to eggs or to a component of the influenza vaccine?**

History of anaphylactic reaction such as hives, wheezing, or difficulty breathing, or circulatory collapse or shock (not fainting) after eating eggs or receiving any component of the intranasal live attenuated influenza vaccine (LAIV, trade name FluMist®) is usually a contraindication for further doses. Check the package insert for a list of the vaccine components (i.e., excipients and culture media) used in the production of the vaccine, or go to [www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/b/excipient-table-2.pdf](http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/b/excipient-table-2.pdf).

### **3. Have you ever had a serious reaction to intranasal influenza vaccine in the past?**

Patients reporting a serious reaction to a previous dose of LAIV should be asked to describe their symptoms. Immediate presumably allergic reactions are usually a contraindication to further vaccination with LAIV.

### **4. Is the person to be vaccinated younger than age 14 years or older than age 49 years?**

LAIV is not licensed for use in persons younger than age 2 years or older than age 49 years. If the patient is under 14 years of age, Kroger is required to get a prescription from the patient's personal physician.

### **5. Do you have a long-term health problem with heart disease, lung disease, asthma, kidney disease, metabolic disease (e.g., diabetes), anemia, or other blood disorders?**

Persons with any of these health conditions should not be given the LAIV. Instead, they should be vaccinated with the injectable influenza vaccine.

### **6. Do you have a weakened immune system because of HIV/AIDS or another disease that affects the immune system, long-term treatment with drugs such as steroids, or cancer treatment with x-rays or drugs?**

Persons with weakened immune systems should not be given the LAIV. Instead they should be vaccinated with the injectable influenza vaccine.

### **7. Do you have a muscle or nerve disorder, such as a seizure disorder or cerebral palsy?**

Persons with a muscle or nerve disorder should not be given the LAIV for it can lead to breathing or swallowing problems.

### **8. Are you taking aspirin therapy or aspirin-containing therapy?**

Because of the theoretical risk of Reye's syndrome, children and teens on aspirin therapy should not be given LAIV. Instead they should be vaccinated with the injectable influenza vaccine.

### **9. Are you pregnant or could you become pregnant within the next month?**

Pregnant women or women planning to become pregnant within a month should not be given LAIV. All pregnant women should, however, be vaccinated with the injectable influenza vaccine.

### **10. Have you ever had Guillain-Barré syndrome?**

Persons with a history of Guillain-Barré syndrome (GBS) should not be given LAIV. Although data are limited, the established benefits of influenza vaccination with injectable influenza vaccine for the majority of persons who have a history of GBS, and who are at high risk for severe complications from influenza, justify yearly vaccination with the injectable influenza vaccine.

### **11. Do you live with or expect to have close contact with a person whose immune system is severely compromised and who must be in a protective environment?**

Injectable influenza vaccine is preferred for persons who have close contact with severely immunosuppressed persons during periods in which the immunosuppressed person requires care in a protective environment.

### **12. Have you received any other vaccinations in the past 4 weeks?**

Persons who were given an injectable live virus vaccine (e.g., MMR, MMRV, varicella, yellow fever) in the past 4 weeks should wait 28 days before receiving LAIV. There is no reason to defer giving LAIV if they were vaccinated with an inactivated vaccine or if they have recently received blood or other antibody-containing blood products (e.g., IG).